

STATE OF DELAWARE MOTOR FUEL TAX ADMINISTRATION
LICENSED MOTOR FUEL DISTRIBUTOR TAX RETURN

DO NOT USE THIS SPACE

FEI OR S.S. NO. _____
LICENSE NO. _____ RETURN MONTH _____
DISTRIBUTOR: _____
ADDRESS: _____

P.O. BOX/STREET		CITY	STATE	ZIP	
DO NOT USE OR SHOW TENTHS ON THIS RETURN					
INVENTORIES AND RECEIPTS		GALLONS	DISBURSEMENTS		GALLONS
A	OPENING INVENTORY (INCLUDING IN-TRANSIT)		5	MOTOR FUEL GALLONS DELIVERED TAX COLLECTED	
1	MOTOR FUEL GALLONS RECEIVED TAX PAID			ATTACH DISBURSEMENT SCHEDULE 5	
	ATTACH RECEIPT SCHEDULE 1		6	MOTOR FUEL GALLONS DELIVERED TO MOTOR FUEL	
2	MOTOR FUEL GALLONS RECEIVED FROM LOCATIONS			DISTRIBUTORS TAX NOT COLLECTED	
	WITHIN DELAWARE FROM LICENSED			ATTACH DISBURSEMENT SCHEDULE 6	
	MOTOR FUEL DISTRIBUTORS TAX UNPAID		7	MOTOR FUEL GALLONS EXPORTED TO STATE OF	
	ATTACH RECEIPT SCHEDULE 2			ATTACH DISBURSEMENT SCHEDULE 7	
3	MOTOR FUEL GALLONS IMPORTED FROM ANOTHER		8	MOTOR FUEL GALLONS DELIVERED TO U.S.	
	STATE DIRECT TO CUSTOMERS			GOVERNMENT TAX EXEMPT	
	ATTACH RECEIPT SCHEDULE 3			ATTACH DISBURSEMENT SCHEDULE 8	
4	MOTOR FUEL GALLONS IMPORTED FROM ANOTHER		9	MOTOR FUEL GALLONS DELIVERED TO OTHER	
	STATE INTO TAX FREE STORAGE			EXEMPT GOVERNMENT ENTITIES	
	ATTACH RECEIPT SCHEDULE 4			ATTACH DISBURSEMENT SCHEDULE 9	
B	MOTOR FUEL GALLONS HANDLED		10	MOTOR FUEL GALLONS DELIVERED TO OTHER	
	ADD LINES A THROUGH 4			EXEMPT ENTITIES	
C	LESS CLOSING INVENTORY			ATTACH DISBURSEMENT SCHEDULE 10	
	INCLUDING GALLONS IN-TRANSIT		11	GAIN OR LOSS (INDICATE GAIN AS "G" AND DEDUCT)	
D	GALLONS TO BE ACCOUNTED FOR		12	MOTOR FUEL GALLONS ACCOUNTED FOR	
	SUBTRACT LINE C FROM LINE B			LINES 5 THROUGH 11 TOTAL MUST EQUAL LINE D	

CERTIFICATION: I HEREBY CERTIFY UNDER THE PENALTIES OF PURJURY THAT THIS RETURN IS A TRUE, COMPLETE AND CORRECT REPORT TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____ AUTHORIZED DISTRIBUTOR'S REPRESENTATIVE (PRINT NAME AND TITLE) _____ SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ DATE _____ PHONE NUMBER MAKE CHECK PAYABLE TO MOTOR FUEL TAX ADMINISTRATION FOR TOTAL TAX DUE AND MAIL WITH RETURN TO: MOTOR FUEL TAX ADMINISTRATION, P.O. DRAWER E, DOVER, DELAWARE, 19903-1565. RETURN AND PAYMENT MUST BE MAILED ON OR BEFORE THE 25TH DAY OF THE MONTH FOLLOWING THE PERIOD OF THIS RETURN. A RETURN MUST BE FILED EVEN IF THERE ARE NO TRANSACTIONS. ANY LICENSED ACCOUNT THAT HAS A COMBINED MONTHLY TAX LIABILITY EXCEEDING \$20,000 MUST REMIT TAX PAYMENT VIA ELECTRONIC FUNDS TRANSFER (EFT). ANY QUESTIONS, CALL (302)744-2710.	TAX COMPUTATION		GALLONS	AMOUNT
	13	TOTAL TAXABLE DISTRIBUTION FROM LINE 5 AT \$0.23 CENTS PER GALLON		
	14	LESS MOTOR FUEL RECEIVED TAX PAID FROM LINE 1		
	15	LESS CREDIT CARD SALES TO AUTHORIZED EXEMPT ENTITIES ATTACH DISBURSEMENT SCHEDULE 11		
	16	TOTAL (LINE 13 MINUS LINES 14 AND 15)		
	17	LESS ESTIMATED TAX PAID (JUNE ONLY WHERE APPLICABLE)		
	18	NET TAX DUE (LINE 16 LESS LINE 17)		
	19	ADJUSTMENT OF PRIOR MONTH'S RETURNS ATTACH DISBURSEMENT SCHEDULE 12		
	20	TOTAL TAX DUE		
	MFT-1 DOC.# 55-02/96/05-15		CHECK#	_____